PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offening during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. Name: **UNITED STATES HOUSE OF REPRESENTATIVES** TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? in the current calendar year up through the date of filing? E. Did you hold any reportable positions during the reporting period or D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? 2018 FINANCIAL DISCLOSURE STATEMENT reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: REPORT TYPE FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the Receive more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period? Der Kay Injan 2018 Annual (Due: May 15, 2019) House of Representatives Member of the U.S. State: District: Z 3 Yes ž × **7**95 ¥85 Yes Daytime Telephone: (202) 225 - 6 190 Š Amendment Š S S 0 S 0 For Use by Members, Officers, and Employees X X X F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? 1. Did any individual or organization make a donation to charity in ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single lieu of paying you for a speech, appearance, or article during the reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? source during the reporting period? reporting period? Form A **Employee** Officer or **Employing Office:** Date of Termination: Termination A \$200 penalty shall be assessed against any. individual who files more than 30 days late. DELIVERED 1 of 3 Shared 69 151 Hdvired + Weeting LEGISLATIVE RESOURCE CENTER Staff Filer Type: (If Applicable) ¥**8**5 ¥0\$ Yes Yes No 8 Yes Yes Principal Assistant Ş Š S Z Ž Š 図 X X X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

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income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT) in the optional column on the far left. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. 3<u>85</u> For a detailed discussion of Schedule A requirement please refer to the instruction booklet. If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal interest in, or income location in Block A. property," and a city and state. For rental and other real property held for investment, provide a complete address or description, e.g., "rental \$1,000 in interest-bearing accounts. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than Provide complete names of stocks and mutual funds (do not use only ticker symbols). during the year. production of income and with a fair market value succeeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or etirement program, including the Thrift Savings Plan. lentify (a) each asset held for investment or Assets and/or Income Sources NM Employees ingressional Federal Liedithmi Examples Rancho from (NM FATTO DAVINGS arry. **BLOCK A** Simon & Schuster Mega Corp. Stock ABC Hedge Fund Checkins RASIGA × F *Column M is for assets held by your spouse or dependent child in which you have no interest. used. Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method None If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." > \$1-\$1,000 œ ndefinite \$1,001-\$15,000 ဂ \$15,001-\$50,000 o \$50,001-\$100,000 Value of Asset m × \$100,001-\$250,000 71 BLOCK B \$250,001-\$500,000 6 × \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 -\$25,000,001-\$50,000,000 **×** Over \$50,000,000 _ Spouse/DC Asset over \$1,000,000 Z generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dhidends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period. Check all columns that apply. NONE DIVIDENDS × RENT INTEREST Type of Income CAPITAL GAINS BLOCK C EXCEPTED/BLIND TRUST TAX-DEFERRED accounts that Royalbes Other Type of Income Partnershi (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinwested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest. None \$1-\$200 = \$201-\$1,000 = \$1,001-\$2,500 2 Amount of Income \$2,501-\$5,000 < × \$5,001-\$15,000 ≤ \$15,001-\$50,000 ≦ ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Over \$5,000,000 봊 Spouse/DC Asset with Income over \$1,000,000 ≅ If only a portion of an asset was sold, please indicate as exchanges (E) exceeding \$1,000 \$1,000. no transactions that exceeded Indicate if the asset had Leave this column blank if there are follows: (S (part)). In the reporting sales (S), or S(part) purchases (P), Transaction , S, S(part), or E BLOCKE

SCHEDULE F - AGREEMENTS

Name: Page_ <u>`</u>

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

Date Parties to Agreement	Terms of Agreement
12/31/07 Bu Ray Lujún and No Aublic Employees Peason Non Public Employees	NA Public Employees Reason Plan-Benefit maintained by State of New McKies

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

			Example: Mr. Joseph Smith, Arlington, VA	Source
			Silver Platter (prior determination of personal triendship received from the Committee on Ethics)	Description
			\$400	Value